QUICK REFERENCE FORMATTING AND ASSEMBLY INSTRUCTIONS RURAL TELEMEDICINE GRANT PROGRAM

- 1. Use 8 ½ x 11 inch paper with margins no less than 1 inch on the top and left side and 1/2 inch on the bottom right side. Pages should be printed on one side only. The type on each page must be no smaller than 12 characters per inch (cpi) or 12 pitch in a scalable font, except for the narrative budget justification pages which can be a 12cpi or a 10 point scalable font.
- 2. There are two page limitations that must be met:
 - (1) the 'Explanatory Narrative Budget Justification' component of the "Narrative Budget Justification" section <u>may not</u> exceed 8 pages. There are however no page limits to the two Narrative Budget Justification forms the 'Detailed Budget Form' and the 'Federal/non-Federal Summary of Expenditures Form'.
 - (2) the 'Program Narrative' section may not exceed 30 pages.

Applications that exceed these limits will <u>not</u> be accepted for processing and will be returned to the applicant. They will <u>not</u> be reviewed.

In addition, biographical sketches for individuals should not exceed two pages per individual.

- 3. The forms that must be included in the application are found in the **Public Health Service**, **Grant Application**, **FORM PHS-5161-1 (Revised 6/99)**. All forms should be submitted as **single-sided** documents in the application (e.g., budget pages, assurances, etc.). **If you receive them as double-sided documents**, **you must reproduce them as single-sided pages**. Each page must be numbered. Number pages consecutively starting with the Face Page (Standard Form 424). Use the order listed in #5 below to compile the proposal.
- 4. A COMPLETE AND PROPERLY ASSEMBLED APPLICATION WILL HAVE THE FOLLOWING COMPONENTS IN THE FOLLOWING ORDER:
 - (a) Face Page, Standard Form (SF) 424 (FORM) -- [Page 1]
 - (b) Table of Contents [Page 2] (follow the format provided in the Supplemental Instructions)
 - (c) Project Abstract [Page 3] (follow the format provided in the Supplemental Instructions)
 - (d) Telemedicine Network Identification Template [Use the format of the form provided in the Supplemental Instructions. The form will be available on the OAT Web site: http://telehealth.hrsa.gov
 - (e) List of Other Federal Funding Sources
 - (f) Budget Information Non-Construction Programs SF 424A (FORM)
 - (g) Narrative Budget Justification
 - 1. Detailed Budget Form (use the format of the form provided in the Supplemental Instructions)
 - 2. Federal/non-Federal Summary of Expenditures by Site by Category Form (use the format of the form provided in the Supplemental Instructions [These forms are available on the OAT Web site]
 - 3. Explanatory Narrative Budget Justification
 - (h) Program Narrative
 - (i) Geographic Location (Maps)
 - (i) Biographical Sketches
 - (k) Position Descriptions
 - (I) Appendices (Supporting Documents)
 - (m) Proof of Non-profit/public status
 - (n) Assurances Non-Construction Programs SF 424B (FORM)
 - (o) Certifications (FORM) (PHS 5161-1 pages 17-19)
 - (p) Disclosure of Lobbying Activities (FORM) (submitted only to report Lobbying Activities)
 - (q) Checklist (**FORM**) (PHS 5161-1 pages 25-26)

(over)

- 5. **APPENDICES** -- Appendices should include documents such as: 1) assurances that the proposed telemedicine services will be available 24-hours-a-day to the rural area(s) served by the telemedicine network; 2) signed, dated memorandum(s) of agreement among the telemedicine network members; and 3) assurances, signed by rural health professionals, indicating their intent to use the system.
- 6. <u>Do not</u> staple or bind the application. Use clips or rubber bands to secure the application.
- 7. <u>Do not</u> submit a transmittal or cover letter.
- 8. Checklist -- The final two pages of the application
- 9. Submit an original and at least 2 copies. Submitting 2 additional copies (for a total of 5) facilitates the review process but is not mandatory.

PLEASE NOTE: APPLICATIONS THAT EXCEED THE PAGE LIMITATIONS NOTED ABOVE AND APPLICATIONS THAT DO NOT FOLLOW FORMATTING INSTRUCTIONS WILL NOT BE REVIEWED.

\\HRSA\OA\SHARED\OAT\GRANTEES\2000COMP\format-fin.doc